



ATTENDANCE CERTIFICATE
OF
CONTINUING MEDICAL EDUCATION ACTIVITY

The Postgraduate Institute for Medicine certifies that

[first name] [middle name] [last name], [degree]

has participated in the enduring material titled

[activity title]

on [activity date].

The activity was designated for

[hours] *AMA PRA Category 1 Credit(s)*[™].



JOINTLY ACCREDITED PROVIDER[™]
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, Postgraduate Institute for Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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